


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # F05000005986
 1. Entity Name
WCA OF CENTRAL FLORIDA, INC.



Principal Place of Business
**ONE RIVERWAY, SUITE 1400
 HOUSTON, TX 77056**

Mailing Address
**ONE RIVERWAY, SUITE 1400
 HOUSTON, TX 77056**

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3753650

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CAPITOL CORPORATE SERVICES, INC.
 155 OFFICE PLAZA DR.
 SUITE A
 TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD FATJO, TOM J JR. ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUSZKA, JEROME M ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MENGER, J. EDWARD ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, KEVIN D ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAXTON, MICHAEL L ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EWELL, DAVID C ONE RIVERWAY, SUITE 1400 HOUSTON, TX 77056

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U00000761044
 05/25/07-80039-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: *Kevin Mitchell* **4-30-07** **713 292 2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #